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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE ollection of information unless it displays a valid OMB control number. der the Paperwork Reduction Act of 1995, no persons are required to respond to **Application Number** 10/726,240 Filing Date TRANSMITTAL December 2, 2003 First Named Inventor **FORM** Phillip Clark Art Unit 1723 **Examiner Name** Menon, Krishnan S. (to be used for all correspondence after initial filing) Attorney Docket Number MCA-635 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Notice of Appeal Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Nields & Lemack Signature Printed name Kevin S. Lemack Reg. No. Date 32,579 April 13, 2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Kevin S. Lemack

Typed or printed name

Date

April 13, 2006

PTO/SB/17 (01-06)

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Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under to Complete if Known es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/726.240 Application Number TRANSMITTAI Filing Date December 2, 2003 For FY 2006 First Named Inventor Phillip Clark **Examiner Name** Menon, Krishnan S. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1723 TOTAL AMOUNT OF PAYMENT 1,520.00 MCA-635 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): Check | Credit Card JMoney Order None l Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 300 600 Reissue 150 500 250 300 Provisional 200 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee Paid (\$) Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Numbér of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee Paid (\$) (round up to a whole number) **/50 =** 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Appeal Fee and Three month extension \$1520.00

SUBMITTED BY			
Signature	1/00	Registration No. (Attorney/Agent) 32,579	Telephone 508-898-1818
Name (Print/Type) Kevin S. Lemack			Date April 13, 2006

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